No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36249

Registration District No. 132 — Primary Registration District No. 5476 — Registrar's No. 152

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Rural — Lincoln (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #2 Trenton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: RFD #2 Trenton Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ——

3. (a) PRINT FULL NAME: William Gillilian
3. (b) If veteran, name war ——
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mable Gillilian
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: June (Month) 5 (Day) 1887 (Year)

8. AGE: Years 61 | Months 4 | Days 13 | If less than one day — hr. — min.

9. Birthplace: Harrison County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm

FATHER
12. Name: Unknown Gillilian
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mable Gillilian
(b) Address: RFD #2 Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hood Creek Chapel
18. (a) Signature of funeral director: Rayne A Davis
(b) Address: Trenton, Mo.
19. (a) 10-20-48 (Date received local registrar) (b) Irene Tair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1948 hour 10:10 minute A M.
21. I hereby certify that I attended the deceased from 9-9- 1948 to 9-18- 1948 that I last saw him alive on 9-17- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia
Due to: Lye Burn in Esophagus
Due to: Starvation
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1799
Of autopsy 13

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 40
(b) Date of occurrence: 9-9-1948
(c) Where did injury occur? Trenton (City or town) Grundy (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? yes (e) Means of injury: Swallowed Lye
23. Signature: Mary Jason (M. D. or other) NP
Address: Trenton Mo Date signed: 10-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by William L. Richardson, Registered Apprentice No. 271, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.